

Manila Waldorf School

Spine Road, Timberland Heights, San Mateo, Rizal
Tel. No. 570-7038 Fax No. 570-8138

APPLICATION FOR ADMISSION

- Paslitan (Parent-Toddler Program) Palaruan (Kindergarten) Paaralan (Lower School)
 3-day Palaruan 5 - day Palaruan Kawayan (Upper School)

S Y 20 _____ - _____

CHILD Last name _____ Nick name _____
First name _____ Age _____
Middle name _____ Gender _____ Sibling order _____
Date of birth (month/ day/ year) _____ Place of birth _____
Home address _____
Phone no. _____

MOTHER Maiden name _____
First name _____ Age _____
Education _____ Occupation _____
Home address (if different) _____
Phone no. (if different) _____
Business address _____ Phone no. _____
Mobile no. _____ Fax no. _____ E-mail _____

FATHER Last name _____
First name _____ Age _____
Education _____ Occupation _____
Home address (if different) _____
Phone no. (if different) _____
Business address _____ Phone no. _____
Mobile no. _____ Fax no. _____ E-mail _____

Parents are Married Separated Widowed
 Not married Divorced Single parent
If parents have separate addresses, child lives with Mother Father
Correspondences should be addressed to Mother Father
Will both parents be available for parent-teacher conferences and class meetings whenever necessary?(Yes/ No) _____
Please state your talents/ skills which you may want to offer the school as assistance _____
Preferred day and time for meetings, lectures and conferences _____
How did you hear about our School? _____

FOR PASLITAN only:

Parents have read the information sheet about PASLITAN, and agrees with the requirements stated therein. (Yes/ No) _____
Parents have questions and clarifications, if yes please enumerate them: Yes No

Birth and Infancy

- Home birth, Hospital birth, Normal, Caesarean, Forceps, Others (please specify)

Duration of mother's labor: Brief, Prolonged

List any complications during pregnancy and childbirth

Type of infant-feeding (indicate duration)

- Breastfed, Bottlefed, Mixed breast-bottle

Does the child feed until now? Yes (specify) Breastfed, Bottle, No

If yes, how often daily?

Age when first milk tooth appeared

Age when first permanent tooth appeared

Did the child crawl? At what age?

Age when first walked, Age when first spoke

The child is () adopted / () biological child of parents.

Health

Childhood illnesses: Roseola, Chicken pox, Measles, Mumps

Other illnesses experienced/ still experiencing (please specify: allergies, pneumonia, bronchitis, asthma, primary complex, etc.)

Immunizations (please specify: BCG, DPT, Polio, Hepatitis, etc.)

Medicines presently taken (please specify, including vitamins, if any)

Are you open to alternative/ natural medicines?

Diet

Main Diet

- Mostly vegetable with rice, Mostly fruits, Mostly seafood with rice, Balanced combination of all of the above, Mostly animal meat with rice, Others (please specify, e.g. mainly bread, etc)

Snack foods/ merienda

Are there any feeding problems?

Please specify kinds of foods child is allergic to:

How does this allergy manifest?

Sleeping and Toilet Habits

Present regular bed time _____ Present waking time _____
Are there any sleeping problems? _____

Is child toilet-trained? Yes (at what age) _____ No _____

Home and Family

Name and ages of other children in the family
Name Age

_____	_____
_____	_____
_____	_____

Main caregiver since birth

- Mother Yaya
- Father Relative, please specify (e.g. grandmother, aunt, etc.)

Main activities at home (please enumerate)

Approximate daily playing time (no. of hours) _____

- Does child have regular playmates of his age at home? Yes No
- Does the child watch TV? Yes (no. of hours/day) _____ No
- Watch video? Yes (how often?) _____ No
- Play computer? Yes (how often?) _____ No

Personality and Development

Special Interests _____

Can you tell us anything significant about your child's development?

How would you describe your child's personality?

Has the child been professionally diagnosed to have any disorder like speech problem, hyperactivity, ADHD, autism, or the like? Yes No

If yes, what? (please present records) _____

Previous schools attended (if any) _____ Dates attended _____

Reason for taking child out of previous kindergarten/ school (please present copy of child's previous school record)

*** If there is anything you may want to share about your family, yourselves, and your child, please write at the back of this sheet*

Parent's Signature _____

Date _____